Attachment I

LONG TERM CARE INTEGRATION PROJECT (LTCIP) STRATEGIES

Strategy 1: Network of Care

Fourteen counties in California, including the County of San Diego, have contracted with Trilogy Associates to import local information to their web-based software program, Network of Care, to provide user-friendly information on long term care services for consumers and caregivers. The Trilogy Associates designed "Network of Care" software has the ability to build a program specific library of services or health-related information from a number of linked resources. The Health and Human Services Agency's Network of Care is active on the County's Internet website (www.networkofcare.org).

The LTCIP strategy for Network of Care is to enhance and, if needed, expand the Network of Care. This involves procuring resources to formulate and perform testing with four distinct user groups. These groups are being targeted for formalized testing as they are seen as key constituency representatives of users of web-based information:

- Group 1: Younger disabled consumers, known in this community to have a significantly higher rate of Internet use than older adults with chronic illness, identified through the ACCESS Center, In-Home Supportive Services Caseworkers, and the Public Authority;
- Group 2: Caregivers/family members of persons with multiple chronic conditions, identified through county and community-based case management programs and the local Caregiver Resource Program;
- Group 3: Providers of health and social services, including physicians offices, health systems, home health, senior centers, personal care providers, and other long term care service community-based providers;
- Group 4: Information and referral specialists at local Call Centers, including Aging & Independence Services, InformSanDiego, United Behavioral Health, Regional Center for Persons With Developmental Disabilities, and the Red Cross.

The overall goal is to develop a continuous quality improvement program that will allow all Network of Care users in San Diego and the other 13 counties using the program to access a set of resources that is consistently accurate and meets health and social service information needs of that community. Private foundation resources are being sought to implement this strategy.

The immediate and long-range benefits of this Network of Care strategy to individuals in the community include:

1. Expanded health provider information available to all San Diego consumers, caregivers, and family with access to the Internet;
2. A provider tool for health and social service professionals to link consumers and caregivers to needed resource information;
3. An improved and upgraded consumer-friendly system as the outcome of formal testing with a range of users;
4. A continuous quality improvement program that will prescribe mechanisms to constantly update the database for user-friendliness and accuracy in the future;
5. A continuous quality improvement program that can upgrade the system in the 14 California counties currently implementing the Network of Care program.

Strategy 2: Physician Strategy (Managed Fee-For-Service)

In response to the turbulent risk-based managed care market at the national and local levels, a number of states have identified Managed Fee-For-Service models as an improvement over Fee-For-Service (no management) models of care for persons with chronic diseases. The major goals of Managed-Fee-For-Service are similar to those of a fully-capitated, integrated program: to streamline access for consumers to

primary, acute, and long term care services, to improve quality, and to provide care in the most cost-effective manner possible.

The proposed approach for San Diego County is to develop a Physician Strategy to test this model by identifying, engaging, and providing incentives to pilot this system with approximately five to ten local physicians/groups who serve elderly and disabled persons with chronic disease. The model would provide physicians with incentives, including care management team resources, to improve chronic care management in the community. Although the Physician Strategy is, not by itself, a fully integrated model, it complements long term care integration efforts at the state level. It also recognizes the need for San Diego-specific information and resources that deal with both the medical and social aspects of chronic care.

LTCIP Staff, in collaboration with Dr. Mark Meiners, the National Director of the Medicare Medicaid Integration Program of the Robert Wood Johnson Foundation, submitted a grant application to the California Endowment for Phase I (expected to last up to one year) planning and development activities, including the evaluation design and data collection strategies. Upon completion of this effort, LTCIP plans to submit an application to the Endowment to request funding for Phase II, which will entail implementation and evaluation of the Physician Strategy. Staff expects to hear from the Endowment before the end of 2003.

The target population to be served will be dually eligible elderly and disabled individuals identified as having chronic disease that impacts their independence in activities of daily living. The goals of this strategy include:

1. Engagement of the physician community in evaluating for/coordinating with community-based services/providers to support the health care treatment plan of persons with chronic disease;
2. Improvement in the quality of care and outcomes for persons with chronic disease;
3. Maintaining maximum beneficiary independence and choice within current physician relationships rather than moving to a full managed care model; and
4. Reduction in the fragmentation between health and community-based care, with management of costs and services for beneficiaries across Medi-Cal and Medicare programs.

The Planning Phase will target specific stakeholders--physicians, consumers and caregivers, and community-based providers--to engage in focus groups with the goal of improving chronic care within the fee-for-service system. This focus groups process will help to identify consumers, physicians, and community stakeholders willing to participate in this demonstration and the resources needed to improve care across health funding sources and community-based supportive services. Focus group activities and goals are outlined in the Program Strategies section of the grant application.

Strategy 3: Health Plan Pilots or Integrated Care

In order to test more fully-integrated models and their effectiveness in managing care and improving outcomes for persons with chronic disease, the Health Plan Pilots Strategy will develop a plan to test a model within the current Medi-Cal managed care program (HSD), expanding expertise and service array to implement the integrated delivery of health, social, and supportive services for a capitated rate from the state. The consultant team's proposal makes recommendations regarding financing and operating models that will ensure the success of an "HSD+" pilot. The full proposal as well as a proposal summary has been distributed to all LTCIP stakeholders and is also available on the LTCIP website: **http://www.sdcounty.ca.gov/cnty/cntydepts/health/ais/ltc/**.

Coordination with the Office of Long Term Care will be essential for the inclusion of 1915(c) waiver resources, rate-setting and risk adjustment and final approval of local implementation. Actuarial analysis

and network development assistance will also be provided to the health plans during pre-implementation consultation. During the implementation phase, resources will be used for the evaluation of the strategy's quality and effectiveness, and implications for future system development.

The goals of this strategy are:

1. To improve the quality of care and outcomes through management of health and social services for dually eligible Medicare and Medi-Cal recipients from a single entity;
2. To maintain individuals in the least restrictive setting including home and community settings;
3. To comply with the provisions set forth in the Olmstead Decision; and
4. To move incentives and resources to community-based care as a deterrent and replacement for higher level acuity care, including repeated emergency room and hospital use.
5. To test somewhat different models of fully integrated and voluntary managed integration and compare outcomes for evaluation of expanding these options to a larger population.

HOW WILL THESE STRATEGIES CHANGE SAN DIEGO'S SYSTEM OF CARE?

The three strategies described above will work alone and together to position San Diego to gain experience with providing resources to and managing the care of individuals who currently are not served systematically or served well on a population basis. It will be possible to compare and contrast the impact and effectiveness of these different models. It may be possible to consider that managed fee-for-service and the health plan pilots be expanded to larger populations or even offered as choices within mandatory acute and long term care integration in the future—adding foundation building-blocks along with an improved system of care.

At the very least, implementation of these strategies will improve care across the health and social service continuum for those who are enrolled. Under the managed fee-for-service option, consumer and provider challenges and barriers to accessing, receiving, providing and managing chronic care needs for the elderly and disabled will be identified and addressed. Physicians will gain experience in geriatric assessment and planning across the continuum of need. Physicians and office staff will gain experience in linking and coordinating consumers and caregivers with community support services. Physicians will also have the opportunity to spend more time coordinating patient care with other physicians (across Medicare and Medi-Cal services), as care management resources support the physician by attending to the patient's transportation and other health-related needs.

The health plan pilots offer the greatest opportunity for expanded access to fully integrated care as desired by local stakeholders. If these pilots improve care and are proven to be cost-effective, they offer the basis for expansion to greater numbers of aged and disabled persons in our community. Healthy San Diego health plans are highly committed to success as judged by consumer satisfaction and have a history of local stakeholder involvement toward that end.